

PATENT
Attorney Docket No.: 16524-3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Leahy

Group No.: 3635

Serial No.:

10/004,057

Examiner: Nguyen, C.

Filed:

November 2, 2001

For:

BREAKAWAY SIGNPOST CONNECTOR

Mail Stop NON-FEE AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Transmittal (3 pages); Amendment (16 pages); Postcard

STATUS

2. Applicant

claims small entity status.
is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV298647698US

Date: September 8, 2003

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria VA223/13-1450.

Robert B. Reeser, IN, Reg. No. 45,548

RECEIVED

SEP 1 2 2003

GROUP 3600

EXTENSION OF TERM

	The proceedin 1.136 apply.	gs herein	_		tion and the provisi	ons c	of 3 / C.F.R.
((a)		t petitions fo		applicable) on of time under 3' total number of month		
Exter	nsion for respo	onse with	in:		Other than small entity Fee		nall entity Fee if applicable)
		fi	rst month		\$ 110.00	\$	55.00
		☐ se	cond month		\$ 410.00	\$ 2	205.00
		☐ th	ird month		\$ 930.00	\$ 4	465.00
		fo	ourth month		\$1,450.00	\$	725.00
		☐ fi	fth month		\$1,970.00	\$ 9	985.00
					Fee Due		\$
(cor app	of exten plicant be aditional blicant ha	Extension Extension elieves that notes that petition is be	uested. fee due wit OR o extension ing made to	th this request \$ of term is required provide for the potential for a part of the need for a part of the ne	—.· l. Ho ssibi	owever, this lity that
	of	time.	FEE F	OR CLAIN	MS		
4.	The fee for cla	ims (37 (C.F.R. 1.16(b)-(d)) has b	een calculated as s	howr	below:
	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
	_ FIRST PRESEN	TATION OF	MULTIPLE DEP.	CLAIM	+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
INDEF.	FIRST PRESEN	L TATION OF	MULTIPLE DEP.	CLAIM	+\$140 = \$ TOTAL ADDITIONAL FEE \$	OR	+ \$280 = \$ TOTAL ADDITIONA

Total additional fee for claims required \$					
FEE PAYMENT					
Attached is a check in the sum of \$					
Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached.					
FEE DEFICIENCY					
If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.					
AND/OR					
If any additional fee for claims is required, charge Deposit Account No. 01-2384.					
Robert B. Reeser, III Reg. No. 45/548 ARMSTRONG TEASDALE LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102 314-621-5070					